



Film/Photography Permit Checklist

Who needs to obtain a Film Permit?

If you are organizing an activity in which a group of **ten or more people** engage in the production of photographic, video, or audio recordings within the boundaries of Vineyard (see attached map), with the exception of news reporting and of small groups involved in the production of recordings for strictly personal use, then you will need a Vineyard Film Permit.

Complete applications must be submitted to the city **no later than twenty-one (21) days** prior to filming. Please submit the following:

- ☐ 1. Film/Photography Permit Application.
- ☐ 2. Detailed Site Plan for each location. It must include:
 - Street names, placement of barricades, road/sidewalk closures
 - Placement of equipment, cast and crew
 - Parking areas for all vehicles, cast, crew, and extras
- ☐ 3. A certificate of insurance evidencing general liability or general liability and umbrella insurance coverage for the applicant in the minimum amount of \$1,000,000 per occurrence, and naming Vineyard as additional insured, in effect on the date of the event. (Please see the example insurance certificate.)
- ☐ 4. Written authorization from the property owner indicating dates and times filming will occur on private property. When several residents and/or businesses will be impacted, submit the Filming Permission Form.
- ☐ 5. Film Permit Fee - \$40.
- ☐ 6. Additional fees may apply, based on Vineyard or Sheriff personnel that may be required for your shoot.

For helpful information about filming in the state of Utah, go to the Utah Film Commission's website at www.film.utah.gov

Special Events Department
125 South Main St.
(801)226-1929
kellyk@vineyardtown.com



FOR OFFICE USE ONLY

Application Received _____
Insurance Received _____
Fee Paid _____
Approvals: Sheriff ☐ Public Works ☐ Fire ☐

Film/ Photography Permit Application

Please submit a completed application with all required documents (see Checklist) and Film Permit Fee to Vineyard **no less than 21 days prior to filming**. This application DOES NOT constitute a valid Film Permit until approved by the City.

COMPANY INFORMATION

Project Name:			
Production Company Name:			
Permanent Address:			
City:	State:	Zip Code:	Phone:
Local Production Office Address:			
City:	State:	Zip Code:	Phone:

CONTACT INFORMATION

Producer:	Cell Phone:	Email:
Location Manager:	Cell Phone:	Email:

Type of Production *(check all that apply)*

- | | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> TV Movie | <input type="checkbox"/> TV Series | <input type="checkbox"/> Feature Film | <input type="checkbox"/> Still Photography | <input type="checkbox"/> Student Film |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Infomercial | <input type="checkbox"/> Music Video | <input type="checkbox"/> Reality TV | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Short Film | <input type="checkbox"/> PSA | <input type="checkbox"/> Educational | <input type="checkbox"/> Industrial | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Other: _____ | | | | |

Will Vineyard streets be used? ☐ Yes ☐ No For filming? ☐ Yes ☐ No For Parking? ☐ Yes ☐ No

Will streets need to be closed/blocked to traffic? ☐ Yes ☐ No

Dates and times: _____

LOCATION DETAILS – please be as specific as possible.

Location 1
Location Address:
Type of Location (check one) <input type="checkbox"/> Private Property <input type="checkbox"/> City Parks or Trails <input type="checkbox"/> City Street, Public Right-of-Way, or other City Facilities
Narrative of Activities (please attach additional information as necessary)
Date(s):
Time(s):

Location 2
Location Address:
Type of Location (check one) <input type="checkbox"/> Private Property <input type="checkbox"/> City Parks or Trails <input type="checkbox"/> City Street, Public Right-of-Way, or other City Facilities
Narrative of Activities (please attach additional information as necessary)
Date(s):
Time(s):
Location 3
Location Address:
Type of Location (check one) <input type="checkbox"/> Private Property <input type="checkbox"/> City Parks or Trails <input type="checkbox"/> City Street, Public Right-of-Way, or other City Facilities
Narrative of Activities (please attach additional information as necessary)
Date(s):
Time(s):

Please list all vehicles (and their sizes) that will be parked in the vicinity of the shoot (equipment trucks, vans, catering vehicles, dressing rooms, buses, generators, crew cars, etc.)

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Will any of these scenes involve the use of explosives, aircraft, or firearms? ☐ Yes ☐ No If yes, please describe:

--

Will the shoot involve night filming? ☐ Yes ☐ No

Will this require turning off street lights? ☐ Yes ☐ No

Will you be using portable toilet facilities? ☐ Yes ☐ No

Have you made arrangements for trash disposal? ☐ Yes ☐ No

We contract with the Utah County Sheriff's Department. If you are in need of any law enforcement services for your shoot, please contact them at (801)794-3970. See the attached Agreement for Supplemental Law Enforcement Services.

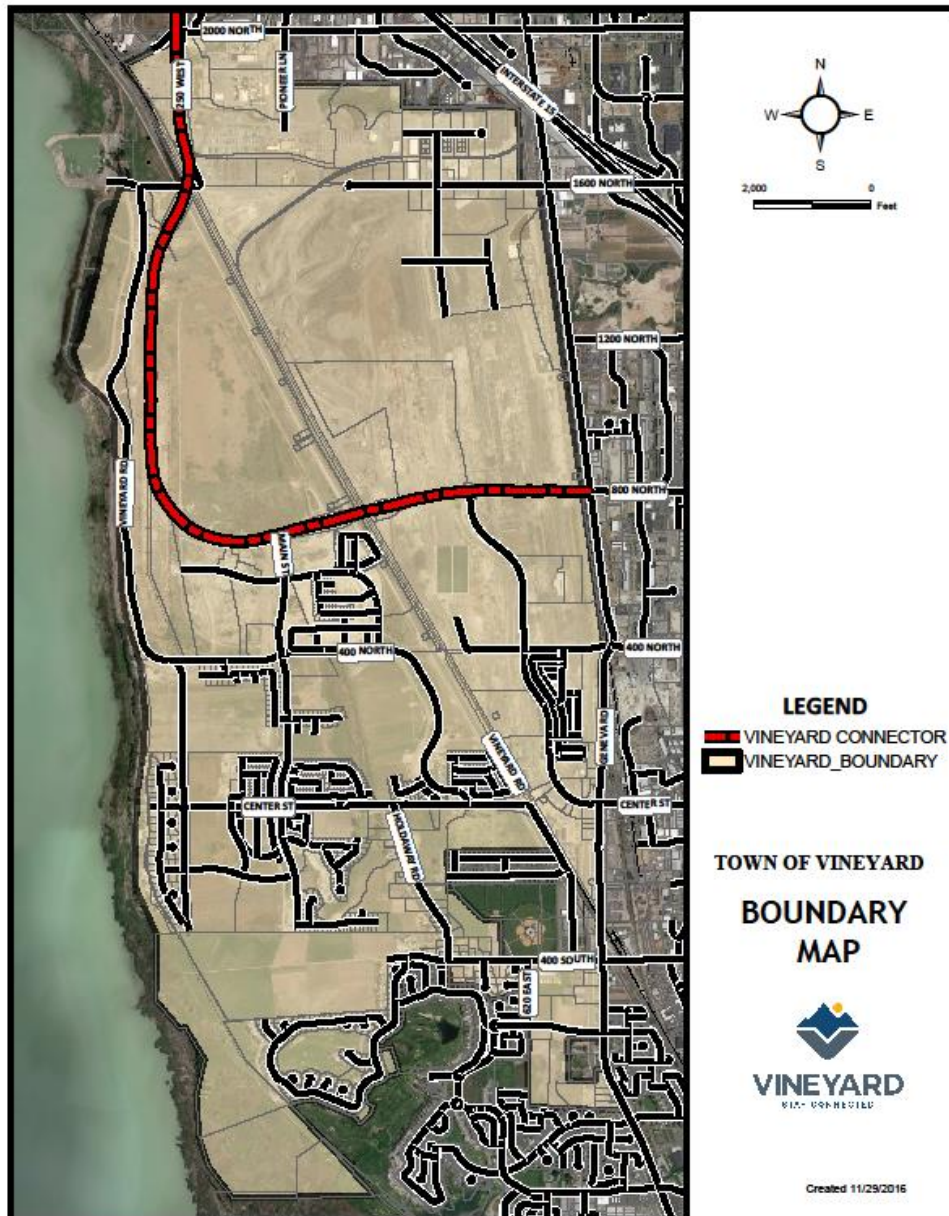
By submitting a signed application, the applicant certifies that falsifying any information on this application constitutes cause for rejection or revocation of the permit. The applicant agrees to pay additional fees as required for the use of City services and facilities.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

What are the boundaries of Vineyard?

All areas within the shaded area in the map below are in Vineyard. For film shoots taking place on the shoreline or on Utah Lake, contact the Utah Lake Commission.



The authority to regulate the production of motion pictures and still photography within Vineyard is provided in Article 13-8 of the Vineyard Municipal Code. Copies of the Code are available online at www.vineyard.utah.gov.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Producer Name Address Phone number	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Insured name or DBA with address	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Vineyard, Utah is listed as an additional insured with respect to (NAME OF INSURED) participation in: (NAME, DATE, AND LOCATION OF EVENT). Vineyard, Utah is Primary & Non-Contributory for ongoing & complete operations; a Waiver of Subrogation applies in favor of Vineyard, Utah. A 30-day Notice of Cancellation will be provided should any of the above described policies be cancelled before the expiration date.

CERTIFICATE HOLDER

CANCELLATION

Vineyard
125 S. Main Street
Vineyard UT 84058

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE